

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****4194 FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Dr. Jim Shaw NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received FILED OCT 27 9 24 AM '98 COUNTY CLERK TRAVIS COUNTY, TEXAS
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Box 202252 Austin, TX 78720 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Stephen Foster NICKNAME LAST SUFFIX		Receipt #
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3543 Graystone Austin 78731		HD / PM Amount Date Processed Date Imaged
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) 335 - 8204		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 10 / 5 / 98 THROUGH 10 / 25 / 98		
10 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 98 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) County Comm. Pct. 2	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission #ers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 495<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4133.44

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 163.78

4. TOTAL POLITICAL EXPENDITURES

\$ 4074.64

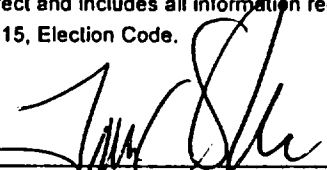
OUTSTANDING  
LOAN TOTALS

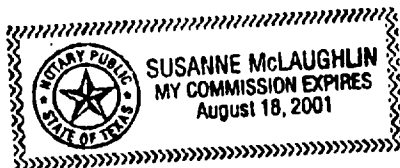
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James C. Shaw, this the 26 day of October, 19 98, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Susanne McLaughlin  
Print name of officer administering oath

Notary  
Title of officer administering oath

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Jim Shaw</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10-6-98</i>	5 Payee name <i>CH EACT Newsletter</i>	7 Amount (\$) <i>60-</i>
6 Payee address: City: State: Zip Code <i>2602 Redleaf Ln Austin TX 78745</i>		
8 Purpose of expenditure <i>Advertisement</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10-16-98</i>	Payee name <i>Postmaster</i>	Amount (\$) <i>1188.66</i>
Payee address: City: State: Zip Code <i>Cross Park Dr Austin TX 78710</i>		
Purpose of expenditure <i>Postage</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10-7-98</i>	Payee name <i>Postmaster</i>	Amount (\$) <i>32.00</i>
Payee address: City: State: Zip Code <i>Jollyville Rd Austin, TX 78720</i>		
Purpose of expenditure <i>Postage</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10-12-98</i>	Payee name <i>Compu Signs</i>	Amount (\$) <i>9093</i>
Payee address: City: State: Zip Code <i>9505 Burnet Rd Austin, TX 78758</i>		
Purpose of expenditure <i>Signage</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-13-98

5 Payee name

O Grady Data Service

6 Payee address;

City: State: Zip Code

7009 Banding Oak Rd  
Austin TX 78749

7 Amount (\$)

487.50

8 Purpose of expenditure

Data Service

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10-12-98

Payee name

Ace Printing

Payee address;

City: State: Zip Code

Box 13522  
Austin TX 78711

Amount (\$)

700<sup>00</sup>

Purpose of expenditure

Signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10-12-98

Payee name

Robert Miller

Payee address;

City: State: Zip Code

5005 W. Francis  
Austin TX 78731

Amount (\$)

340<sup>00</sup>

Purpose of expenditure

Sign Installations

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10-24-98

Payee name

SAM's

Payee address;

City: State: Zip Code

Research Blvd  
Austin TX

Amount (\$)

75.55

Purpose of expenditure

Food for Volunteers

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Paragon Printing

7 Amount (\$)

10-8-98

6 Payee address; City; State; Zip Code

McCall Dr

Austin TX

1000-

8 Purpose of expenditure

Printing

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

TCRP

Amount (\$)

10-6-98

Payee address; City; State; Zip Code

Keonig Ln

Austin TX

100-

Purpose of expenditure

Flyer

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-98

5 Full name of contributor

Eric Halsell

☐ out of state PAC

6 Contributor address; City; State; Zip Code

501 N. Main # 6  
Cleveland, TX 763017 Amount of  
contribution (\$)

100

8 In-kind contribution  
description(if applicable)

9 Principal occupation

Doctor

10 Employer (optional)

Date

10-6-98

Full name of contributor

Thomas Burnett

☐ out of state PAC

Contributor address; City; State; Zip Code

6610 Squirecrest  
Spring TX 77389Amount of  
contribution (\$)

100

In-kind contribution  
description(if applicable)

Principal occupation

Employer (optional)

Date

10-6-98

Full name of contributor

Dennis Wallace

☐ out of state PAC

Contributor address; City; State; Zip Code

10203 Treasure Island  
Austin, TX 78730Amount of  
contribution (\$)

100

In-kind contribution  
description(if applicable)

Principal occupation

Employer (optional)

Date

10-8-98

Full name of contributor

Tim Timmerman

☐ out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 163061  
Austin, TX 78716Amount of  
contribution (\$)

500

In-kind contribution  
description(if applicable)

Principal occupation

Real Estate

Employer (optional)

Date

10-6-98

Full name of contributor

Phillip Rodriguez

☐ out of state PAC

Contributor address; City; State; Zip Code

7116 Lake June Rd  
Dallas TX 75217Amount of  
contribution (\$)

200

In-kind contribution  
description(if applicable)

Principal occupation

Doctor

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-96

5 Full name of contributor

Tom Bradley

☐ out of state PAC

6 Contributor address; City; State; Zip Code

3400 Northland Dr.  
Austin, TX 787417 Amount of  
contribution (\$)

250

8 In-kind contribution  
description(if applicable)

9 Principal occupation

Real Estate

10 Employer (optional)

Date

10-7-96

Full name of contributor

"Rusty" C. B. Word

☐ out of state PAC

Contributor address; City; State; Zip Code

3313 Adelanto Ct.  
Austin TX 78733Amount of  
contribution (\$)

100

In-kind contribution  
description(if applicable)

Principal occupation

Lobbyist

Employer (optional)

TCA

Date

10-7-96

Full name of contributor

L. Ke. Travis Republican PAC

☐ out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 340033  
Austin, TX 78734-0033Amount of  
contribution (\$)

1000

In-kind contribution  
description(if applicable)

Principal occupation

PAC

Employer (optional)

Date

10-7-98

Full name of contributor

Jeff Phillips

☐ out of state PAC

Contributor address; City; State; Zip Code

Box 91  
Austin, TX 78767Amount of  
contribution (\$)

100

In-kind contribution  
description(if applicable)

Principal occupation

Marketing

Employer (optional)

Date

10-14-98

Full name of contributor

Verne Phillips

☐ out of state PAC

Contributor address; City; State; Zip Code

Drawer 5970  
Austin, TX 78763Amount of  
contribution (\$)

250

In-kind contribution  
description(if applicable)

Principal occupation

Attorney

Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jim Shan</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-12-98</i>	5 Full name of contributor <i>John Alford</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>8100 Hickory Creek Austin, TX 78735</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>10-15-98</i>	Full name of contributor <i>Robert G. Hontz</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2300 Lohman's Crossing Rd. Austin, TX 78734</i>			
Principal occupation <i>Real Estate</i>		Employer (optional)	
Date <i>10-15-98</i>	Full name of contributor <i>Austin Republican Women PAC</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>400</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2708 Stratford Dr Austin TX 78746</i>			
Principal occupation <i>PAC</i>		Employer (optional)	
Date <i>10-20-98</i>	Full name of contributor <i>Texas Republican Camp Comm.</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>211 E. 7th St. #620 Austin, TX 78701</i>			
Principal occupation <i>PAC</i>		Employer (optional)	
Date <i>10-20-98</i>	Full name of contributor <i>Alan Sager</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>7401 N. Lamar, Bldg A #114 Austin, TX 78752</i>			
Principal occupation <i>Business Owner</i>		Employer (optional)	

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1250





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-9-98

5 Full name of contributor

☐ out of state PAC

Associated Republicans of Texas

6 Contributor address; City; State; Zip Code

907 Brazos #601  
Austin, TX 78701

7 Amount of  
contribution (\$)

8 In-kind contribution  
description(if applicable)

183.14

Postage & Printing

9 Principal occupation

PAC

10 Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of  
contribution (\$)

In-kind contribution  
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of  
contribution (\$)

In-kind contribution  
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of  
contribution (\$)

In-kind contribution  
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of  
contribution (\$)

In-kind contribution  
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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